

APPLICATION FOR EMERGENCY MEDICAL INFORMATION CARD		DATE:	
NAME OF EMPLOYEE:		DATE OF BIRTH:	EMPLOYEE NO.:
ADDRESS:		TELEPHONE NO.	
		WORK:	HOME:
EMERGENCY CONTACT:		PHONE NO.:	
PERSONAL PHYSICIAN:		PHONE NO.:	
TO BE COMPLETED BY PERSONAL PHYSICIAN			
MEDICATIONS AND DOSAGES:			
SIGNIFICANT MEDICAL HISTORY:			
ALLERGIES:		BLOOD TYPE (If known):	
SIGNATURE OF PHYSICIAN:		DATE:	
EMPLOYEE WAIVER			
<p><i>By voluntarily participating in the MSFC Medical Information Program, I understand that certain contractor personnel will need access to my medical and other personal records for compilation and preparation of the card, including this form and my medical information card, and I hereby give my written consent for those personnel to see these personal records as necessary in the performance of their duties.</i></p>			
SIGNATURE OF EMPLOYEE:		DATE:	
PRIVACY ACT STATEMENT			
<p>GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals who complete the application and waiver form for issuance of the emergency medical information card.</p> <p>AUTHORITY - The information being solicited on this form is requested under the authority of OMB Circular A-72.</p> <p>PURPOSES AND USES - This form will be filed in the employee's official medical folder and afforded the same confidentiality as other information in that folder. No other records will be generated. No official management overview of the data is intended. The card is to be provided as a medical and emergency information medium for the health and convenience of the employee and will be carried on the person. Particular emphasis and priority will be afforded those employees with medical histories for which such readily available data would be of benefit and/or those employees who travel frequently on official Government business. The information on the card is intended to give a complete summary of the employee's medical profile and to provide contacts in an emergency or remotely located situation. There would be no official overview of either the card or the application.</p> <p>EFFECTS OF NONDISCLOSURE - Employee participation in the program is voluntary and available to all civil service personnel on-site at the Marshall Space Flight Center. If applicant omits any portion of the requested information, the emergency technician or attending physician would not have a complete, current medical history available and, therefore, a possible delay in treatment might ensue.</p>			